



The Fortnightly

REVIEW

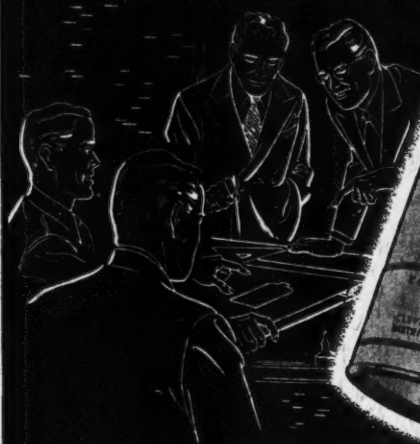
OF THE CHICAGO DENTAL SOCIETY

February 15, 1947

Volume 13 • Number 4

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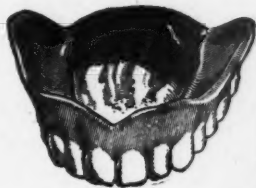
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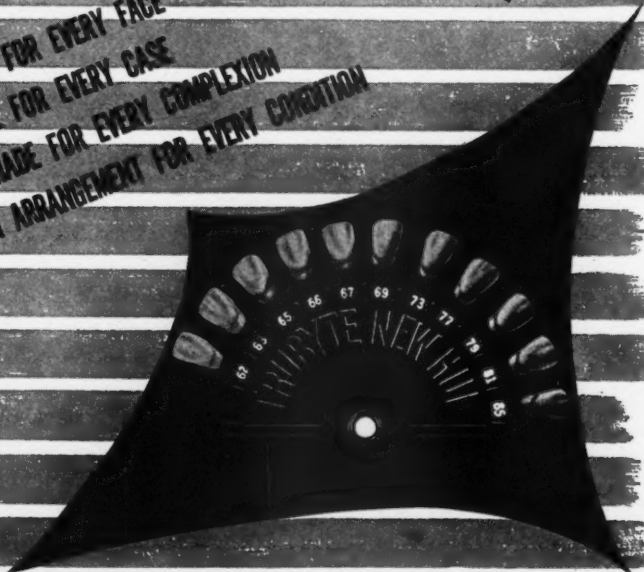
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The Fortnightly
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THE CALENDAR

March 4: SOUTH SUBURBAN BRANCH: The regular monthly meeting will be held at the Elks' Club in Harvey.

March 11: WEST SIDE BRANCH: The regular monthly meeting will be held at the Midwest Athletic Club. At 6:00 p.m. Dr. J. P. Weinman will lecture on periodontia. Dinner at 7:00 p.m. At 8:00 p.m. Mr. William Blaesing, Chief Horticulturist of the Chicago Park Systems, will speak. The essayist for the evening will be Dr. C. E. Pomes whose subject will be "Dental Casting Procedures."

March 21: NORTHWEST SIDE BRANCH: The regular monthly meeting will be held at the Patria Restaurant. The speaker for the evening will be Dr. Lloyd Dodd whose subject will be "Practice Office Management."

April 7: NORTH SIDE BRANCH: Clinic night featuring election and installation of officers will be held at the Edgewater Beach Hotel. Dinner will be at 6:30.

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

February 15, 1947

Volume 13 • Number 4

Veterans Administration Officials Give the Facts

January Monthly Meeting Draws Large Audience

The January meeting of the Chicago Dental Society was held in the North Ballroom of the Stevens Hotel on the evening of January 21. Some four hundred members and guests were present to hear Dr. Clarence Toline and his staff from the Veterans Administration Regional Office give the facts on the dental program for veterans. Dr. Kesel, Monthly Meeting Program Chairman, was first introduced by President Humphrey and he, in turn, introduced the speakers. Dr. Kesel also presided at the open forum. Dr. Toline is a World War I veteran and has served in the Public Health Service since that time. His message on this highly controversial subject was delivered with dignity and decision. The Veterans Administration is doing everything possible to cooperate with each participating dentist for the benefit of the veteran. The cooperation of the participating dentists for the same purpose is also essential.

EXAMINATIONS

What do we expect of the Veterans Administration? Let's examine some facts to keep our expectations within the limits of reality. Veterans Administration dentists have only the x-rays and the examination form upon which to authorize treatment. If this form is not filled out in full detail no criticism for failure to authorize treatment should be voiced against the Veterans Administration. Complete records are essential and we

should expect them in such a large undertaking. The personnel numbers thirty-five and should be one hundred to one hundred and fifty. They are receiving nine thousand applications each month in the Chicago regional office at 366 West Adams Street. How soon should we expect authorizations? A new form, No. 1303, has been introduced by Dr. Toline to authorize x-rays and examinations without delay. This is as good as gold for the authorization made. Time limits are a necessity but extensions may be had upon application.

FEES

The fee schedule has been carefully compiled and submitted for inspection before application of the participating dentists. You have agreed to the designated fees upon application. It is illegal to enter into any agreement to accept the difference from your patient of a personal practice fee and the Veterans Administration scheduled fee. Inlays will be authorized only under unique circumstances. Treatments will be authorized if described with application. The administration dentist cannot authorize prophylaxis. The time of payments is indefinite but sure. There is a blank to recover for work done but not authorized. Dr. Toline's staff gave group demonstrations of the proper examination blank recordings at the close of the meeting.—
Henry Q. Conley.

Minutes of Regular Meeting Chicago Dental Society

Stevens Hotel

January 21, 1947

The regular monthly meeting of the Chicago Dental Society was called to order at 8:20 p.m. by President Robert I. Humphrey.

Motion was regularly made and severally seconded that the reading of the minutes of the December meeting be dispensed with inasmuch as they have been published in the Fortnightly Review. Motion carried.

Motion was then regularly made and severally seconded that the minutes of the meeting of December 17 be approved as prepared by the Secretary and published in the January 15 issue of the Review.

Reports of boards and standing committees—none.

Reports of special committees—none.
Unfinished business—

Dr. Wells read the following statement concerning proposed changes in the Constitution and By-Laws:

These were presented to the membership at the November meeting. They have been published in the Fortnightly Review and are presented again for final action:

1. Page 14, *Article XIII, Committees, Section 2, Standing Committees*—There shall be added immediately following the word "Sports" the words "Dental Health Education" (9).
2. Page 20, *Article XVII, Duties of Committees, Section 2, Duties of Standing Committees, Division G*—The content of this division shall be deleted and in its place there shall be substituted the following description of duties: "The Public and Professional Relations Committee: This Committee shall cooperate with public and private agencies with a view toward supporting activities that will promote public health and welfare and that will further the advancement and

the esteem of the dental profession. This Committee shall also be organized to improve the intra-professional relations of the members of the Chicago Dental Society, and to aid them in their relationships with the public and with other professional groups."

3. Page 21, *Duties of Standing Committees, Division K*—Immediately after the description of duties in Division J, there shall be added a new division K. The description of duties to be as follows: "Dental Health Education: This Committee shall promote public health and welfare by the dissemination of knowledge and information pertaining to dental health. It shall be the duty of the Committee to establish activities and programs to further and promote its objective."

President Humphrey explained that these changes in the Constitution and By-Laws would establish the Committee on Dental Health Education as a regular standing committee of the Society rather than as a sub-committee of the Public and Professional Relations Committee. It was moved and seconded that the amendments be adopted as read. Motion carried.

New business—

Dr. Ralston I. Lewis, who was recently appointed chairman of the Red Cross Committee of the Chicago Dental Society, was presented to the membership by Dr. Humphrey. Dr. Lewis in turn presented Miss Louisa Farrand, a representative of the Red Cross. Miss Farrand told of some of her experiences overseas with the Red Cross and appealed to the profession for their wholehearted support during the current drive for funds.

President Humphrey then presented Dr. Robert G. Kesel, Chairman of the

(Continued on page 20)

EDITORIAL

ON THE SPOT

Since the publication of the report of the Committee on Dental Health Education last month, a number of dentists have sent in letters of protest against the Committee's findings. The paragraph which aroused most of these protests had to do with dental appointments and read, in part, as follows: "Our greatest bottleneck to more rapid progress in the Chicago high school program is the inability of pupils to receive dental appointments." Prior to the issuance of this report the Central Office received similar reports from the medical examiners who took part in the annual Parent Teachers Association summer round-up. They, too, commented on the fact that dental appointments for children were hard to come by.

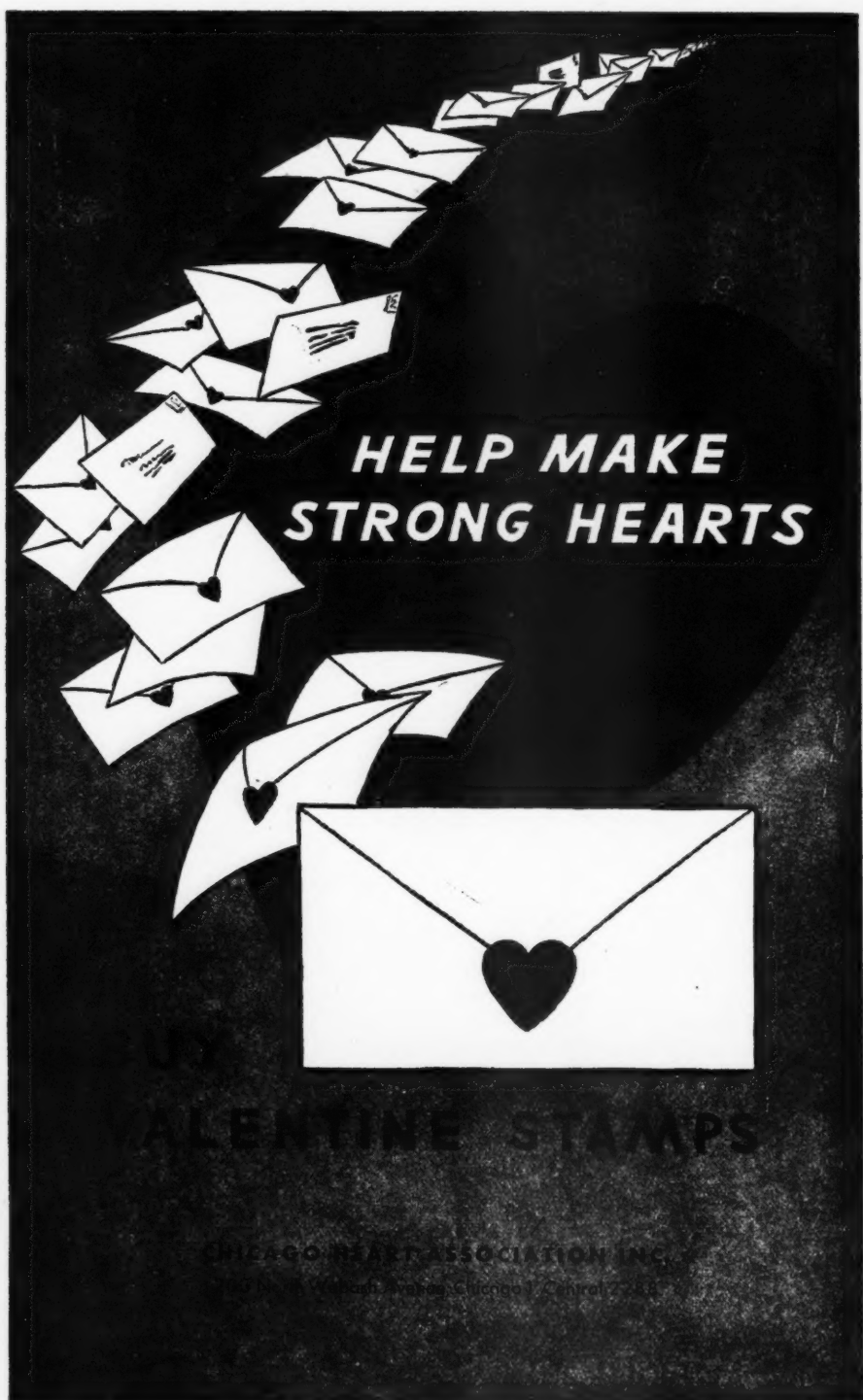
There can be no doubt in anyone's mind but that the instances cited in these reports are factual. No claim is made that all, or even the majority, of the dentists in the Chicago area suddenly found their appointment books filled for three months ahead when called upon to take care of these school children. But some did, and these few are enough to put the entire profession "on the spot." If they had but looked about them they would have discovered dozens of returned veterans who would have been (and still are) tickled pink to get that kind of business.

Then there's the bogey of a socialized dental program for children. Those in favor of such a program point to dentistry's failure to provide adequate service to a large number of children. In a frequently quoted editorial in the Journal of the Second District Dental Society of New York, the writer has this to say: "Nowhere can the maintenance of good mouth health and freedom from oral and related systemic disorders be more successfully treated than in the field of dentistry for children. It is the beginning and the end; whatever goes beyond the dental care for the child is relatively an aftermath of childhood neglect and misfortune, and in itself a partial compromise at best. . . . This is the age of prevention and control. The heavy flow of adult prosthesis and the ceaseless insertion of inert, lifeless replacements for natural, healthy masticatory organs, many of which could be saved through childhood care and education, will not suffice. Failing in our obligation, the inescapable result will be the dismemberment of dentistry and its gradual elimination as an autonomous profession." Here again dentistry is certainly "on the spot."

POST-WAR ERA

Some people are inclined to believe that because wars put everything on such a grandiose plane they may be good tonic for the country. They seem to forget what they cost in lives and suffering and remember only that there are no work stoppages and no strikes, and that everyone works together with a right good will. If these same people would read the report of the budget director of the United States they soon would be disillusioned. His estimate of government spending for last year was \$41,000,000,000. Of this only \$6,500,000,000 was to cover the cost of running the government. All the rest was war expense.

To put it another way; if it hadn't been for our wars we would have no income taxes on individuals or on corporations. We could run the government nicely on the \$7,500,000,000 that comes from excise taxes and custom receipts alone.—*James H. Keith, Editor.*



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A Review of Basic Principles of Removable Partial Denture Prosthesis*

George A. Hughes, D.D.S.

That branch of dental science commonly known as partial denture prosthesis is one of the most difficult, yet one of the most interesting phases of the entire dental field. The late Dr. W. E. Cummer precisely summed up the difficulties involved by stating "Partial denture service is a problem in the engineering side of dentistry and as such is subject to the biological laws which apply to the parts concerned."¹ Since that statement was published much progress has been made but confusion still exists in the minds of most dentists as to the adequate solution of problems presented by patients requiring partial denture service. Numerous attempts have been made to clarify the problems by classifying the types or variations of cases, and we now have classifications of partial denture cases by Kennedy,² Neurohr,³ Mauk,⁴ Roach,⁵ as well as others less commonly used. Unfortunately none of the classifications presented have been generally accepted and all too frequently the classifications have served as a basis for planning treatment without regard for consideration of biological factors. A good classification is valuable in coordinating mechanical factors involved and is of great advantage when analyzing problems encountered in similar cases. Cummer, and more recently, Neurohr, recognized the futility of attempting to plan or design from the engineering viewpoint alone, plans of treatment which would satisfy the possibility of variations presented by partially edentulous cases. Cummer pointed out that from an engineering standpoint alone the variations possible would be $\frac{3}{32}$ power.¹ To the bewildering number of types of cases made possible by combinations of missing teeth, we must also add the variations presented by biological fac-

tors, such as (1) the general health of the patient; (2) the type of osseous structure present; (3) facial musculature of the patient; (4) the resilience of the mucosa; (5) the nervous temperament of the patient. When these factors are considered as they must be, even those cases which present minor engineering problems, may and frequently do assume an entirely different status.

If partial denture prosthesis is to take its proper place as a part of dental health service much of the confusion now existing must be resolved into some sort of orderly approach to the problem. The student, whether he is undergraduate or graduate, is bewildered by the multiplicity of attachments, clasps, stress breakers and tooth types. He is confused by an infinite number of technical procedures, all of which are claimed by their sponsors to be panaceas for some specific type of restorative treatment. As a result of this situation the great majority of dental practitioners are now accepting the partial denture as a short intermediate step to full dentures and are relegating the greater part of the problem to the commercial laboratory. These laboratories at best can only provide a solution to part of the engineering side of the problem. All too frequently the appliances designed and fabricated by commercial laboratories are much more harmful to the patient than is the condition which they are supposed to correct.

BASIC PRINCIPLES

For some years many of us interested in the teaching of partial denture prosthesis to undergraduates have felt the need of a better understanding of the principles involved. We have long recognized the impossibility of giving students solutions for each possible problem that

*Read before the Midwinter Meeting of the Chicago Dental Society, February, 1946.

may arise. Consequently we have been forced to stress basic principles and rules, which if applied with judgment based upon clinical experience would aid the student to solve most of the problems commonly encountered. Apparently the need for such an understanding of basic principles is being recognized by the profession itself, as more and more call is being made by program chairmen for essays and clinics stressing basic principles. For the most part it is a human failing to pass lightly over fundamentals which are usually abstract in nature and to stress details which are concrete. For example, football coaches always find a team would rather pass over the fundamentals of passing and tackling, kicking and running, and go directly to learn specific plays. However, the wise coach knows that the team must be well versed in the fundamentals before the intricate plays can be successful. So does the dentist frequently pass over the fundamentals which are necessary to the successful construction of partial dentures. In this paper I hope to present principles which at the University of California we consider to be basic or fundamental in partial denture prosthesis. The information presented is not new nor difficult to understand. Principles are age old and generally simple. Basic principles may be considered as a foundation of general facts upon which may be built a solution of a specific problem. The basic principles of partial denture prosthesis will of necessity be both mechanical and biological in nature. For purposes of discussion these concepts are grouped into five primary principles and under these five primary principles have been placed a series of secondary principles. The five major principles may be stated briefly as follows:

1. The dentist must have a working knowledge of both mechanical and biological factors involved.
2. Any plan of restoration must be based upon a complete examination and diagnosis of the individual case.
3. The dentist and not a technician

should correlate the pertinent factors and recommend a proper plan of treatment.

4. A partial denture should restore form and function without injury.
5. A partial denture is a form of treatment, not a cure.

Under each of the above primary basic principles will be found a group of postulates or axiomatic principles which may be considered in order to amplify the major principle. Let us now consider in detail the elementary principles and their axioms.

Principle One

In order that he may render adequate partial denture service the dentist must of necessity have a knowledge of the various basic sciences involved, as: anatomy, histology, pathology, physiology and biochemistry. He must have a practical working knowledge of many of the simple laws of physics and engineering, particularly those which apply to levers and leverage. He must also have a knowledge of dental materials. The information received in his undergraduate years is but a foundation. New scientific advances from both biological and mechanical aspects are constantly being achieved and new materials are always being developed. A better understanding of our problem in the light of increased knowledge and the use of improved materials makes prosthesis an ever-changing study. Here in short we have one of the primary differences between a profession and a trade. The tradesman serves his time as an apprentice and spends the rest of his life performing that which he learned. The professional man in his college years receives a foundation and the privilege and opportunity to continue to learn. As the individual alone can never gain the experience that is possible by a constant interchange of the experiences of large groups, study clubs and societies for this purpose were formed early in the life of our profession. More men should avail themselves of these opportunities, as too many dentists practice dentistry as though it were a trade. If partial denture

prosthesis is to be adequately practiced the dentists engaged in making such restorations must of necessity not only have a knowledge of the biological and mechanical factors but must continuously augment this knowledge. The partial denture is more than a piece of technic fabricated from various metallic and non-metallic substances. It is, or it should be, a type of treatment and as any other treatment, whether it is intended for the mouth of the patient or any other part of the human organism should be planned in accordance with the conditions of the particular case.

Principle Two

A complete examination and diagnosis must be made before a partial denture can be designed. It is not sufficient merely to look into a patient's mouth and to see that there are missing teeth; to take an impression which is to be sent to the laboratory and receive back a restoration which as a treatment for the condition, might be well compared to a bottle of patent medicine. An appliance which may render good service for one patient might be contradicted in another; even though at first glance the cases may seem to be similar. An examination for prosthesis should and must be more comprehensive than is generally understood.⁶ It is essential that we know as much as possible about the mouth of the patient; and in most cases we should also know something of the general health background of that patient. It is required that we know something of the bone structure of the patient.⁷ It is essential that we know something of the eating as well as the hygiene habits of the patient. Hence an examination with X-rays available is a must for even the most simple partial denture restoration. Study models either mounted or unmounted are generally desirable except in the more simple types of cases. An adequate examination is comprised of both objective and subjective phases. The objective approach covering those things which we may see and feel and the subjective phase delving into those things

which we must gain from memory or opinion of the patient. Under the objective part of the examination we should take into consideration the following visual factors: (a) classification of case; (b) relation of the teeth to each other; (c) condition of mucosa; (d) size of tongue; (e) type and amount of saliva; (f) condition of the ridges; (g) ridge form; (h) arch form; (i) muscle attachments; (j) border tissue attachments; (k) denture space; (l) caries susceptibility; (m) abraded areas; (n) tooth form; (o) tooth shade; (p) care of the mouth; (q) occlusion.

The digital portion of the examination should yield information as follows: (a) mobility of the soft tissue (density); (b) muscle attachments; (c) border tissue; (d) muscle tone; (e) mobility of remaining teeth.

The x-rays are used in order that we may familiarize ourselves with the following factors: (a) length of the roots of the teeth; (b) inclination of roots; (c) osseous support available around the roots of the teeth; (d) pulpless teeth; (e) bone condition and type; (f) radio-lucent areas; (g) foreign bodies; (h) condition of cortical plate; (i) caries.

Study models aid in noting the following facts: (a) relation of the ridges to each other; (b) denture space; (c) retentive areas; (d) tooth inclination, rotation, elongation; (e) tooth form; (f) tooth arrangement; (g) occlusal relations.

The subjective part of the examination will cover three general phases: the patient's dental history, a review of general health, and the patient's reactions. Under patient's previous dental history, information should be obtained as to: (a) present complaints; (b) why teeth have been lost; (c) types of dental services experienced; (d) allergic reaction to anesthetics, etc.; (e) experience during and following previous extraction.

In consideration of the patient's general health the following factors should be ascertained: (a) childhood diseases; (b) adult diseases; (c) operations experienced; (d) present health condition; (e) exercise habits; (f) dietary habits.

The patient's reactions should be evaluated and details regarding the following information noted: (a) attitude towards previous dental service; (b) attitude towards loss of natural teeth; (c) expectation regarding denture service; (d) type of service within financial means of patient; (e) intelligence of patient.

The importance of such an examination has been stressed frequently in the past by many authorities but no one will really appreciate the value of such an examination until it is made part of his office routine.^{6, 7, 8, 9, 10} Many dentists may feel that the time spent making such an examination would be largely waste time. Such a belief is short sighted and is poor economy. One case failure due to an improper plan of treatment based on an inadequate examination and diagnosis would waste more time than would be used in many hours of consultation and examination. The actual time involved in covering the details of a comprehensive examination can be materially reduced by the use of adequate charts.⁶ Forrest Orton used to say "We see that which we are trained to see." This is certainly true of mouth examinations, for the more examinations we make, the more we learn to observe. When we are able to see and learn most of the available data with regard to a given case, then and then only will we be intelligently prepared to undertake treatment of the case.

Principle Three

The third basic principle as stated, was that the dentist should plan the treatment of partial denture cases. I do not wish to belittle the place of the dental technician as a trained auxiliary health service worker. His training and the information which is provided him regarding a given case will enable the technician to fabricate raw materials into a finished partial denture. In this phase of the work he frequently becomes more skilled than the dentist by way of constant technical practice. However, the fabrication of the appliance is but one phase of the problem; the planning of

the treatment of a case requires much more than a knowledge of mechanical factors and technical ability.^{8, 9, 10}

During the past several years many dentists have been over-burdened by the excessive demands of their patients occasioned by a shortage of civilian practitioners. Much of the partial denture prosthesis has as a result, been relegated to the technician, to the detriment of prosthesis in more than one way. Owing to the inability of technicians to adequately plan cases, many patients are attempting to use restorations which are more harmful than the condition which they were supposed to correct. Also some groups of technicians are now of the opinion that they are not only competent to carry on all phases of partial denture prosthesis, but believe they are indispensable.^{11, 12} I am informed that one commercial laboratory in San Francisco now blithely claims it will refuse to construct appliances unless the dentist allows the laboratory to design the restoration. (A case of the tail wagging the dog.)

The dentist has for his observation the pertinent facts regarding any given case as may be derived from an examination. It is frequently necessary to institute preparatory or corrective procedures prior to the construction of a restorative appliance. Contours of teeth may require modification, occlusal relations may require improvement, or surgical procedures may be necessary. The patient will accept such corrective procedures with much better grace if explained on the basis of an adequate examination and diagnosis prior to the construction of an appliance. As the dentist alone may modify the conditions present in the mouth in order to influence the success of the case, he, not the technician, should plan the treatment. If upon the basis of a careful examination, the success of a partial denture is deemed virtually impossible, the patient should be so informed and some other form of treatment suggested. It is indeed a wise dentist who recognizes both his and the patient's limitations and refuses treatment in cases beyond his ability.

Principle Four

As a fourth basic principle it was stated that a partial denture is a treatment or part of a treatment and should not injure remaining teeth or adjacent structures. It is essential to plan or design the restoration in accordance with biological laws governing the reactions of the tissues involved. Sound principles of mechanics must also be followed in order that the appliance will serve its function without undue alteration or repair. The appliance itself must be carefully fabricated in order that it will go to place without modification either of itself or the adjacent structures. In order that the appliance will meet the above requirements a number of secondary principles or axioms must be observed.

The casts used in the fabrication of partial dentures must be derived from impressions which faithfully recorded the oral structures involved. Accurate recording of resilient and non-resilient structure cannot be obtained with simple impression technics.¹³ Mucosa is displaceable under masticatory stress; and unless the resiliency is accounted for and provided for, stresses are usually developed, which will be transmitted to abutment teeth.^{14, 15, 16}

The stress of mastication must be resisted by an adequate support. Where possible tooth borne support should be employed.¹³ Where tooth borne support cannot be utilized in whole or in part, the size of the saddle must be increased in proportion to the stress exerted upon it. Where the size of the saddle cannot be increased sufficiently the occlusal stress must be reduced in order that a satisfactory relation between pressure exerted and ability to resist such pressure is attained.¹⁷

Partial dentures which in whole or in part depend upon mucosa for support must not transmit this stress other than in a rootwise vertical direction to the abutment teeth.⁷ That is to say, when the denture is displaced due to compression forces occasioned by the stress of mastication, torquing strain must not be transmitted into the abutment teeth. These

strains and stresses must either be minimized or eliminated by proper design of the retainer or some sort of stress breaking action must be provided. The use of rigid cast clasp or distal extension cases, particularly on the lower jaw make future extraction of the abutment teeth a simple problem. Retainers as well as other structural elements should be selected and planned in accordance with the requirements of the individual case. That is to say, retainers which exert trip action are almost always indicated on tooth borne cases whereas their use on mucosa or partially mucosa borne cases should generally be avoided.¹⁸ Indirect retention as well as direct retention should be provided in all distal extension types of cases in order to stabilize the appliance.¹⁹

Lingual and palatal bars should be so located that they will neither interfere with the comfort nor the speech of the patient. Experience has shown us that the palatal bars should be located approximately the same position as the distal border of a complete denture crossing the palate distal to the second molars.¹⁹ Positive relief, that is beading or scraping of the model should be employed on the lingual edges of the saddles on upper partial dentures and at the peripheries of palatal bar, tooth borne partials in particular. This scraping is of course done in conformity with the thickness of the tissue of the particular patient. This is one more item beyond the control of the technician as he merely has the stone cast to work from.

Any stress placed upon the abutment teeth by a retainer must be reciprocated. That is to say, wherever a clasp arm is adjusted care must be taken that an equal and opposite force is exerted or our prosthetic treatment becomes an orthodontic treatment. This is one of the great disadvantages of wrought wire clasps which are frequently made with both buccal and lingual arms of the same gauge wire. Here it is extremely difficult to get an equal amount of tension when making adjustments on both buccal and lingual arms. For this reason many men have abandoned the full round wire

clasps in favor of wire active bearing arms with cast reciprocating area.

Independent lateral action of saddles should be prevented. The use of a very light lingual or palatal bar allows an independent action of saddles rotating about the ridge crest as a center. The stress of mastication in causing this rotation places considerable pressure on the buccal and lingual peripheries of the saddle. Soreness in these areas may result and the dentist frequently is forced to trim away the saddle thus reducing the much needed support. Clinical experience has taught us that bars joining saddles and lingual bars in particular must be of sufficient strength to prevent torsion of saddles.²⁰ This practically condemns the use of the conventional 16K wrought bar for all except the smallest of cases.

The occlusal stress should be balanced and frequently minimized. It has been long recognized that balanced occlusion was a prerequisite in complete denture construction in order that one side of the denture would reciprocate the strains placed on the other side during mastication. However our concept of the relation of the teeth on the masticating or working side has for many years been governed by mechanical perfection rather than physiologic function. We have been taught that the ideal relation of the teeth on the working side existed when contact on the buccal and virtually a closed contact on the lingual had been obtained. If one is to examine a number of skulls with good unworn dentitions, one will soon be impressed by the fact that in centric relation the buccal cusps of the lower teeth lie well into the central fossae of the upper teeth, but considerable space exists between the lingual planes of the upper lingual cusps and buccal planes of the lower lingual cusps. If the teeth are carefully occluded in their functional ranges it will be generally found that no contact at any point exists between the upper and the lower lingual cusps on the working side. When wear takes place this condition is altered and the upper and the lower lingual cusps more closely approx-

imate each other; thus reducing the natural escape channels which were provided to allow food to escape tongue-wise in mastication. We have found in both full and partial denture prosthesis more efficient mastication with much less occlusal stress could be obtained by shortening the lower lingual cusps and by recutting all large flat surfaces. This may readily be done on porcelain teeth by the use of small inverted cone stones well lubricated with oil. Such modification of tooth relationship render unnecessary the use of the so called mechanical tooth forms with their attendant evils.

Re-establishment of vertical dimension with some reservation is essential. Clinical experience has taught us vertical dimension may be found to be reduced either posteriorly or both anteriorly and posteriorly. Where posterior teeth have been missing for some time there is a tendency for the denture space to be reduced in the posterior region. Where we may have the symptoms which are so frequently noted and have long been known as Costen's syndrome. Clinical experience has taught us that these conditions may frequently be alleviated by opening the bite sufficiently to relieve the stress on the head of the condyle and to carry the forces of mastication in the normal manner. There has been much controversy in the past to vertical dimension. It seems reasonable to say that vertical dimension may be re-established but not opened in excess of the normal physiologic rest position. Thompson's work on the subject has been illuminating if not conclusive.²¹

Principle Five

As a fifth basic principle it was stated that a partial denture may be considered a form of treatment but never a cure, for like a treatment it must be modified from time to time in order to suit changing conditions whereas a cure would be considered a permanent correction of the condition. The partial denture itself is subject to wear and tear and breakage. The oral tissues of the patient never remain the same but are constantly chang-

(Continued on page 23)

NEWS AND ANNOUNCEMENTS

ETHICS COMMITTEE REPORT

The Ethics Committee of the Chicago Dental Society, of which Dr. Walter J. Nock is chairman, submits the following report for perusal and study:

For some time past the Ethics Committee has felt that the members of the Society should be kept informed of its activities over and above the elections to membership. With this thought in mind the Committee expects to publish a report periodically in the *Fortnightly Review*. In this way, the members of the Society will know why a member was expelled or why an applicant was rejected. Pertinent sections of the Code of Ethics will be discussed from time to time also.

Here is a list of some recent decisions:

One member was cited because he had Dental Surgeon printed on his business card. When he was notified that this was in violation of the Code he promptly changed it to read Dentist and thus remained in the good graces of the Society.

Another member was guilty of placing his business card in a church directory. He was requested to discontinue this form of advertising and complied at once.

Because a member placed large cards of the advertising type in the doorways in his community he was charged with a violation of the Code and suspended for six months.

A former member of the Zoller Clinic staff, which is conducting the fluorical study in Evanston, sent out cards indiscriminately around the city. It was evident that these cards were not sent to former patients but to prospective ones. His application for membership was rejected.

Still another member had signs in his windows eight and one-half inches high. Inasmuch as the maximum limit is seven inches he was requested to make the

necessary changes. He too complied at once.

The last case was one wherein the member cited went to work for a group of advertising dentists. When called to task he submitted a letter of resignation which was not accepted inasmuch as he had been formally charged with a violation of the Code of Ethics. Following a hearing of the charges, in accordance with the provisions of the Constitution and By-Laws, the Committee found him guilty and the Board of Directors expelled him from membership.

The Committee recommends that every member remember the Golden Rule and if in doubt about actions that might constitute a violation of the Code, consult with the Ethics Committee Chairman.—*Walter J. Nock, Chairman.*

CORAL GABLES DOES A JOB

The Coral Gables Junior Woman's Club dental clinic got a full page spread the other day in the *Miami Herald*. This so impressed a visiting Chicago dentist, Dr. Gustave J. Tilley of the Northwest Side Branch, that he forthwith tore out the page and sent it in to the *Fortnightly Review*. It qualifies under the heading of favorable publicity.

Since 1939, except when war intervened, the Coral Gables Club has been responsible for providing preventive care to over thirty-five children monthly. A shortage of dentists during the war years forced a temporary shutdown of the clinic but operation was resumed last year. There is now a full-fledged dentist on duty two days a week.

Through the courtesy of the Coral Gables' cooperative City Fathers the completely equipped and staffed dental clinic occupies space in the beautiful city hall. All equipment was purchased by the Club, whose members take turns assisting the dentist in charge. Members assume the responsibility of keeping the clinic in tip-top appearance and in A-1 condition.

They sterilize instruments, keep the necessary records and order supplies. In between times, they confer with the school nurses so that no child that needs dental care is denied that privilege. Firm believers in the old adage, "An ounce of prevention is worth a pound of cure," the clubwomen endeavor to work in a dental examination immediately. If there's work to be done, no time is lost in seeing that the youthful patient gets attention.

It takes money to maintain a free dental clinic and so every so often the Club stages a benefit to augment the treasury. This year the Club is sponsoring the only Miami appearance of Nino Martini and earmarked all the receipts for the clinic's upkeep.

Together with the column describing the clinic's activities, appear a number of photographs showing a child going through the clinic.

FIRSTHAND INFORMATION

The President of the American Dental Association, Dr. Sterling V. Mead, was chosen by the House of Delegates as its representative to cooperate with the various state societies and the central office in Chicago in supporting plans of the Association. Dr. Mead will write a series of articles for release to the states in which he will endeavor to give firsthand information on such subjects as state journalism, public relations, legislation, children's dentistry, compulsory health bills, the program of the American Dental Association for extension of dental health and research, veterans, problems and the like. The American Dental Association feels that state journalism should be encouraged and stimulated by publishing such information. The Journals are finding it increasingly more difficult to uncover news that is not already secondhand and Dr. Mead, through the medium of his personal articles, will attempt to furnish new material. The first two of his articles, which will have to do with the Veterans Administration Program and the Prosthetic Dental Laboratory Problem, are now ready for publication.

CANCER HOSPITAL FOR CHICAGO

The six hundred-bed hospital which has been proposed for Chicago by the Veterans Administration for care of cancer patients is now an assured thing. Army engineers and cancer specialists conferred together recently at the Palmer House and drew up plans. It is expected that the hospital will offer every possible improvement for the study of cancer as well as its treatment. A research center will be in connection with it. The institution will be the only one of its kind in the country and will be located in the Northwestern University Medical Center.

DR. WILLIAM OCASEK 1877-1947

Dr. William Ocasek, a member of the West Suburban Branch, died January 2, 1947. He practiced in Cicero and had his residence in Berwyn. Dr. Ocasek was graduated from the Chicago College of Dental Surgery in 1903 and had been a member of the Chicago Dental Society since 1923. He is survived by his widow, Emily, and a daughter, Blanche.

DENTISTRY 150 YEARS AGO

Few large cities had more than three or four dentists one hundred and fifty years ago, and most of these had other occupations by which they earned a living. Dentistry, in those days, was just a sideline. In Boston, in 1816, there were three dentists; Paul Revere, a silversmith and engraver by trade; Greenwood, who mended umbrellas, made dice and chessmen and Flagg, whose main business was securing hand organs for churches.

The champion dentist of the day was an actor named Whitlock. Advertisements for shows mentioned that he would pull teeth for anyone in the audience at a reasonable fee, between acts! Whitlock did a thriving business, especially in towns where there was no dentist. Sometimes there were so many patients that intermission lasted an hour. If the number of patients was very large, additional acts were put on so that Whitlock could oblige all who applied.

NEWS OF THE BRANCHES

NORTH SIDE

Several years ago while walking down the street in Laguna Beach, California I bumped into Lt. Ray Wallenborn. He was stationed at that time at the ElTora Marine Base. Well! years have passed and now Commander Wallenborn is in Guam and is a member of the war crimes commission, presided over by Rear Admiral A. J. Robinson. The defendants are all officers of the Japanese Imperial Navy and are charged with murder, by beheading and stabbing of seven American prisoners of war at Truk, February 18, 1944. On November 15, 1946 Captain Tanaka was found guilty as charged—thus the world changes and the boy from Northwestern Dental School and later from Lincoln and Irving Park now sits in judgment on the Banzai boys from the other side of the globe. You can reach Ray at the following address: N O B Fleet Dental Clinic, Navy 926, Guam, M.I., c/o P.M. San Francisco, California. . . . R. L. Art left for New York during the Christmas holidays to see the sights. . . . Warren Schramm spent the Christmas season ice fishing in Minnesota. . . . The Phi Dent boys held a Christmas party on the twenty-fourth. Needless to say that a good time was had by all. . . . Howard Johnson spent the holiday season away from Chicago. . . . The American Academy of Pediatrics Study of Child Health Services in Illinois is drawing to a close. Cooperation from both the Medical and Dental Professions has been excellent with returns well over fifty per cent in this area. A second follow-up is being sent to those doctors who have not returned their questionnaires. Information is desired from all physicians and dentists, regardless of whether you do general practice, specialize, see children, do not see children, or even if not in private practice. This survey, the first of its kind ever undertaken, is a major effort of a rec-

ognized group of medical men to determine the extent and availability of existing facilities for the medical, dental and health care of children. Any future program evolving from this survey toward the development of sound plans for better and more evenly distributed care for children will be a contribution of the medical and dental professions themselves and not one inspired by lay groups. Your cooperation will aid materially in the successful completion of this vital study. Furthermore, it will be a demonstration of the willingness of physicians and dentists to cooperate in an undertaking sponsored by one of their own societies. The Academy earnestly requests that you fill in and return this brief questionnaire immediately. . . . Robert Pond and family are spending a month in Birmingham, Alabama visiting his wife's parents. . . . Bill Ozmanski and Mary Gavin of Fond du Lac, Wisconsin are to be married February 15.—*Orrin Baumgarth, Branch Correspondent*

NORTH SUBURBAN

At the time that this edition is being written, final plans and preparations are being made for the big Midwinter Meeting of the Chicago Dental Society. Quite a few of the boys are acting on one or more committees, and some are giving clinics and essays. All of our members, I must say, are looking forward to a needed break in their daily routine. This break will be given by the meeting in the social form as well as in the professional form. More about those actually participating in it in the next edition. . . . Membership in the North Suburban Branch has taken a terrific increase during the past year, and since we have been asked many times to enumerate them, we will take this opportunity to give the names of those that we have on hand. From Waukegan we have Kach T. Beck-

lian and Francis A. Hussey. A new one from Chicago is William F. Ford, and in Winnetka we have Arthur A. Gilbert and William H. Lazear. Harold W. Born is the newcomer to Glencoe, while Glenview can now boast of Bernard A. Bobrow. Niles is represented by Frank J. Bobal. Evanston has by far the largest number of new and transferred members which include John F. MacLean, Charles M. Tarkington, Merril J. Weissmiller, Robert D. Fleming, Chester Osajda, Blaine Rhobotham, Martin D. Uterman, Douglas W. Cook, Hugh F. Mayr, LeRoy F. Smith, Robert DeWolf, Victor Fettig, and James N. Lynch. . . . George D. Upson of Wilmette is seriously ill, and is in the Evanston Hospital. . . . Roger Huntington sends word that he has moved from his old place into a nice new apartment, with a view of the ocean, palm trees, and all those other things that the Florida Chamber of Commerce keeps telling us about.—*Edward J. Sullivan, Branch Correspondent*

ENGLEWOOD

Englewood had a treat at the last meeting. We had Dr. Furlong from Loyola give us a number of helpful points in taking denture impressions, especially in immediate denture construction. . . . Gus Solfronk certainly is doing a fine job as program chairman, and I am sorry to say he could not enjoy this fine session due to a severe sinus infection. By the way, Gus was elected chairman of the West Community Y.M.C.A., and received a ten-year pin as a board member. . . . The next Englewood meeting will be held in March, but on the "Q.T." we shall have Room 519 reserved at the Stevens Hotel, (The Old Timer's Room). Hush! . . . Talk about diplomacy—Charley Coffee and his wife were very evasive about the date of departure for Florida, and W. E. O'Connor and his wife skillfully juggled their dates. Lo and behold they met at an intersection ten miles out of St. Petersburg! Such salutations I never heard!!! Such fine deacons of Englewood, tsch, tsch. . . . O. E. Johnson broke his toe, but won't

tell how he did it. How come Bill Phillips says he knows how he broke his own toe some time ago? . . . I. J. Kuzminsky will leave for California after the Midwinter meeting to find a little relaxation, and W. R. Cruikshank is looking for something down in Fort Lauderdale. John Lace is also in Florida, and he says all they do in Florida in the wintertime is fish. . . . Willis Bray is back in the running again and is good looking,—I mean looking good. He said he feels well enough to run for Congress. (Republican Ticket). . . . Bill Phillips is going poaching, I mean rabbit hunting down around Strawn, Illinois. The rabbits there are bigger, fatter, have more lice and more tularemia. Good luck Bill! . . . Henry Matthews is going to be married on May third at St. Johns Church in Oak Park. Incidentally, he is buying a new Nash, but to get an apartment—no results. . . . This is in order. A. G. Person is now the proud daddy of a grand boy. . . . Paul Kanchier left for Canada to celebrate his dad's birthday. . . . Vinc Milas has been elected program chairman of our Lyons Club. Vinc, what do you lay your success to?—*Edmund A. Werre, Assistant Branch Correspondent*

KENWOOD-HYDE PARK

Thanks, Walt Scanlon, for a grand job on your column in the last issue. . . . President Bob Pinderton has just returned from a grand trip to New Orleans, Havana, Cuba and the Island of Haiti. He made five stops which were Port de Paix, Caphtian, Fond La Grange, Gonaives, and St. Marc, afterwards returning to New Orleans. The trip from New Orleans to the islands and return was made on a banana boat and the food and accommodations were excellent. Bob visited such notable places as Antoine's, "Gooley Sam's," and found the food most delectable. He was equipped with a new movie camera, a new still camera and light meter, enabling him to bring back beautiful pictures both in color and black and white. . . . Willard Johnson and Mrs. Johnson are now traveling in Mexico.

Willard has meandered off the beaten path usually attracted to tourists, and has gone into the interior to places such as Saltillo, and Touron. . . . The travels of our members are always of interest as an idea may always be found for a trip for you and me. The professional man, in my opinion, should travel as much as he can, when he can because God knows our time ends quickly enough and then we find we haven't been anywhere and can't do a thing about it. . . . **FLASH!!!** Concerning Harry Pitluck, who is located at present in Richland, Washington. Harry was in visiting friends and has had the good fortune of passing the Washington State Board examination. His plans are indefinite at present, but orchids to him anyway. . . . Received a letter from Roy Eberle in California. . . . Members of Kenwood will be well represented at the Chicago Dental Society Midwinter Meeting. Those participating are; Ralph Libberton, Jesse Carlton, Bob Pinkerton and Roy Eberle. . . . If any of you are planning a trip East, West, North, or South give your scribe a break and let me write it up in our column.—*Lawrence H. Johnson, Branch Correspondent*

WEST SIDE

Now that the big Midwinter Meeting is of the past and you have blown the smoke from your eyes you can put into practice the many things that you learned at this meeting. . . . Don't miss out next meeting to be held March 11 at the Midwest Athletic Club. As usual, Harry Rubens has arranged for an excellent program which is as follows: 6 p.m.—Lecture on periodontia—refresher course continuation. Our speaker will be Dr. Joseph P. Weinman, Associate Professor of Histology at the Chicago College of Dental Surgery. 7 p.m.—Another one of those delicious dinners with Dr. Freeman as our distinguished guest. 8 p.m.—Mr. William Blaesing, Chief Horticulturist of the Chicago Park Systems will show colored slides of flowers and plants as seen at the Garfield Park Conservatory. 8:30—The essayist of the evening will be

Dr. C. E. Pomes, whose subject will be "Dental Casting Procedures." Dr. Pomes is from Northwestern Dental School. . . . At present, Maurice Berman is resting on his laurels but not for long. He, you know, is our amicable correspondent. . . . Attention! Nathan Potkin is scheduled to deliver a talk on "Strepto Mycin and Penicillin in Root Canal Theropathy" in March at a meeting of the International Research Group in Abbott Hall. . . . Thanks to George Frost for being so alert in publicizing the activities of the West Side Branch in the following publications: the Garfieldian, The Oak Leaves, and the Chicago Tribune. . . . Maurice Smith is vacationing for six weeks in sunny California and the southern states. . . . Al Sells is going on a hunt for more of that corned beef. . . . Bill Hogland has been looking for a location since being discharged from the services last October. . . . Helen Ealach has returned to us after having practiced many years in Europe. Welcome back, Helen. . . . Irving Jirka is enjoying a winter vacation in New Mexico, El Paso and Huron, Texas basking in the sun and eating those pink grapefruits. . . . Irwin Robinson has just completed a residency at the County and intends associating with someone in oral surgery. . . . Martin Lerman, after serving in the South Atlantic and Brazil, is looking for office space. . . . Let's all help these boys get going in whatever way we can.—*Irvin C. Miller, Assistant Branch Correspondent*

NORTHWEST

Another scoop for the Northwest Side! We will have Lloyd H. Dodd, Decatur, Illinois as our guest speaker at our next meeting. Dr. Dodd will lecture on "Practice Office Management." It will be well worth your while to hear him. The date—Friday, March 21, 1947. . . . Our January home talent night was a huge success due to the efforts of our clinicians. We were happy to see Dr. Jacob B. Zielinski, Joe's father; Dr. Waldman and his son, Dr. Potochi and Dr. Ray Wessell. . . . Pete DeBoer and family are spending a

week's vacation in Land O'Lakes, Wisconsin enjoying winter sports. . . . Leo Wasielewski became the proud papa of a fine baby boy. Congratulations, Leo! . . . Morris Schneider made news columns in Florida having caught a large sailfish. Some catch, Morris! . . . Alfred A. Baum appeared on the Kankakee Dental Society program and it was a repeat performance. Nice work, Arthur. . . . Charlie Janicki left for New Mexico recently. . . . La Mar Harris has spruced up his office with a new chair and unit. . . . J. E. Pulley and his family left for California to enjoy a month's vacation. . . . Joe Zielinski is sporting a new Buick. . . . Ben Gillmeister has been ill recently. Hope you're well on the mend now, Ben! . . . L. M. Levin has returned from the hospital and is now convalescing at home. . . . Ted Serr has moved to his new office in Cicero and Washington. . . . Welcome, new members, Edwin Pabish, 4805 West Fullerton Avenue and Norman Cherner, 5624 Diversey Avenue, to the Northwest Branch. Hope to see you at our next meeting! . . . Gus Tilley is now resuming his duties as your scribe so if you have news for the column be sure to contact him.—*Joe Ullis, Acting Branch Correspondent.*

MINUTES OF MEETING

(Continued from page 6)

Program Committee. Dr. Kesel in turn presented the guest speaker of the evening. Dr. C. A. Toline, Chief, Dental Division, Branch No. 7, Veterans Administration. He explained the role of the participating dentist in the Veterans Administration out-patient dental program. Following this discussion, Dr. Toline presented Dr. Harvey Koch, Chief, Dental Section, Chicago Regional Office. Dr. Koch suggested that all members of the Society apply for participa-

tion in the program at the Veterans Administration, and highlighted various other points in the program.

The meeting was then open for discussion and members of the Society questioned both Dr. Toline and Dr. Koch about various phases of the program.

At the conclusion of this discussion period President Humphrey, on behalf of the membership, thanked the staff of the Veterans Administration. The meeting adjourned at 10:30 p.m.

Approximately 500 members and guests were present.

Respectfully submitted,
Robert J. Wells, *Secretary*

EFFECT OF PERIAPICAL PROCESSES OF ABSCESSSED DECIDUOUS TEETH ON THE BUDS OF PERMANENT TEETH

The author reports the results of histologic examination of autopsy material containing periapically abscessed deciduous molars.

Microscopic studies show a failure of localization of infections around roots of deciduous teeth. There is a tendency for inflammatory processes in these area to spread diffusely through the bone marrow toward and around the buds of the permanent dentition. Exposure of the enamel of the permanent tooth to inflammatory edema or granulation tissue can result in erosion of the surface with the deposition therein of a well calcified metaplastic cementum-like substance.

The author concludes that extraction of deciduous teeth with periapical involvement is the method of choice if hypoplasias of individual permanent teeth are to be avoided.—*Bauer, William H., American Journal of Orthodontics and Oral Surgery, 32, April, 1946, p. 232.*

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Contributions

Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts, if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever.

Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the first and fifteenth of each month. The early submission of material will insure more consideration for publication.

Ethics Committee

Lester E. Kalk, Chairman 1947
Walter J. Nock 1948
Eugene M. Stearns 1949

Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Dr. Lester E. Kalk, 5500 S. Halsted St. Anonymous communications or telephone calls will receive no consideration.

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(Continued on page 23)

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Rates: \$2.50 for 30 words with additional words at 3 cents each. Minimum charge is \$2.50. Charge for use of key numbers is 25 cents additional. Forms close on the 1st and 15th of each month. Place ad by mail or telephone to

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For Rent: In Pittsfield Building; office equipped with chair, cabinet, engine and X-Ray machine—three or six days a week. Address O-1, The Fortnightly Review of the Chicago Dental Society.

For Rent: Modern, recently decorated office and laboratory located in Lincoln Square. Equipped with S. S. White chair, unit and cabinet. \$65 per month; ready for immediate occupancy. Telephone Longbeach 2848.

For Rent: West Side office to share in Madison and Crawford district. Available 5 days a week until 3:00 p.m. Address O-2, The Fortnightly Review of the Chicago Dental Society.

For Rent: Loop office available 3 days a week. Completely equipped with X-Ray unit. Telephone Dorchester 8901 between 9:00-12:00 a.m.

WANTED

Wanted: Experienced dental assistant wishes to make change; honest and reliable; can furnish the best of references. Address O-3, The Fortnightly Review of the Chicago Dental Society.

Wanted: Young dentist, veteran, desire part time association with established practitioner. Address O-4, The Fortnightly Review of the Chicago Dental Society.

Wanted: To rent; office in Loop area—two days a week. Address O-5, The Fortnightly Review of the Chicago Dental Society.

Wanted: Dental technician attending university available for after school work. North Side preferred. Telephone Diversey 3988.

Wanted: Young dentist (Navy veteran) desire an association with established orthodontist with a view to becoming a qualified practitioner. At present have established general practice as well as part time affiliation with large day nursery. Telephone Juniper 3303 or Cornelia 0530.

Wanted: To rent; Loop office one or two days a week or will buy equipped office. Telephone Armistage 1271.

Wanted: Hygienist with Illinois license for Loop office; half day off Wednesday and Saturday. Telephone Dearborn 0416.

FOR SALE

For Sale: Chair, unit, cabinet, sterilizer and light. In good condition. Telephone Dearborn 0036.

For Sale: Clark unit, Harvard chair, cabinet and sterilizer—recently refinished in cream white. In excellent condition. Reasonably priced. Telephone University 5756.

For Sale: S. S. White Dental chair and unit and American cabinet, all in good condition. Can be seen at 1525 East 53rd Street, Suite 704. Telephone Plaza 5330.

For Sale: Ritter laboratory lathe—AC, Baldor dust collector, Burns casting machine, Barkmeyer high-fusing porcelain furnace and porcelain outfit. Telephone Merrimac 4474.

For Sale: Harvard unit, Harvard Peerless chair, large American cabinet, Burton lamp with adapting arm for unit, wall cabinet—black and chrome. Prometheus sterilizer and porcelain top sterilizer cabinet. No refinishing necessary. Price very reasonable. Telephone Rogers Park 1755.

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- KILGORE, PAUL E. (C.C.D.S. 1946) West Suburban, 1017 Burlington Ave., Downers Grove. Endorsed by Wallace N. Kirby and Martin T. Noysell.
- KOWALSKI, LEONARD F. (C.C.D.S. 1944) Englewood, 2822 Archer Ave. Endorsed by Frank Greene and Edward H. Serr.
- KOZAK, EDWARD J. (C.C.D.S. 1939) West Side, 4324 W. Cermak Rd. Endorsed by William E. Onak and William Kaiser.
- LIERNANN, FREDERICK K. (C.C.D.S. 1911) Northwest Side, 2559 W. North Ave. Endorsed by Helmer C. Carlson and Emanuel D. Uditsky.
- LIGHTS, EMERSON A. (Meharry 1924) South Suburban, 199 E. 16th St., Chicago Heights. Endorsed by Peter P. Iagmin and Otto C. Reithel.
- PAPE, THOMAS J. (C.C.D.S. 1945) Service, USS Pasadena, FPO San Francisco. Endorsed by Henry Glupker and R. C. Van-Dam.
- PERLOW, HARRY N. (N.U.D.S. 1931) Englewood, 116 S. Michigan Ave. Endorsed by Joseph Krohn and Sol A. Shiret.
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PARTIAL DENTURE PROSTHESIS

(Continued from page 14)

ing, hence the partial denture patient is one who must by all means be subject to periodic recall in order to prevent or rectify deleterious changes which may take place.⁹ In the construction of a partial denture simplicity should be a by-word. The more simple the appliance the less likelihood there will be of frequent adjustments and repair. The appliance should be so designed and constructed that it may be modified to compensate for changes in the thickness of mucosa or alveolar resorption. The all metal construction of saddles for either tissue or combination borne lower distal extension partial cases seems therefore to be contraindicated if the biological factors involved are to be properly observed.

In conclusion it may be said: that in partial denture prosthesis, as in most other human activities, success comes as a result of a judicious application of fundamental principles. Judgment comes to most of us from observation of unfortunate results occasioned by either ignorance of or disregard for fundamentals. If our failures are carefully analyzed and their causes ascertained and classified, judgment is developed and our fund of knowledge is materially enhanced.

The dentist is the only one in a position to obtain the pertinent facts concerning any particular partial denture case. The dentist, therefore, must take the responsibility for diagnosis and treatment of cases requiring partial dentures. As a partial denture is not a cure, the periodic recall of patients wearing partial dentures is just as important as any other phase of treatment. If the dentist rendering partial denture service will apply basic principles and add to his professional knowledge by observation and study, each new partial denture case will present a challenge. When the challenge is met and success follows, few phases of dental practice can be more fascinating than partial denture prosthesis.

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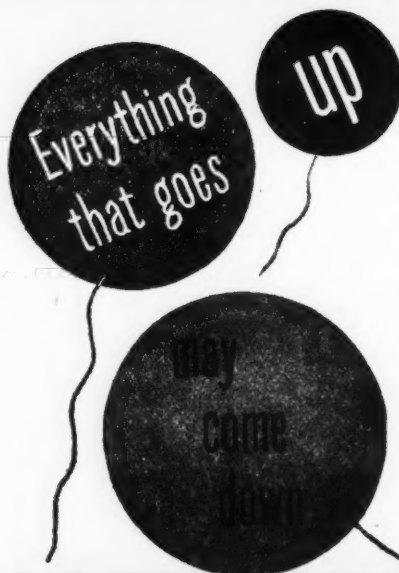
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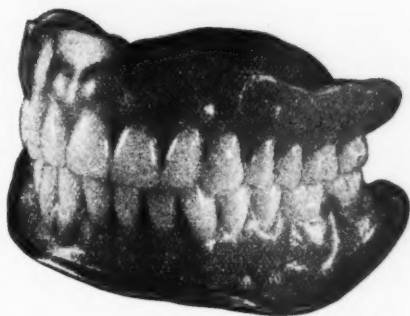
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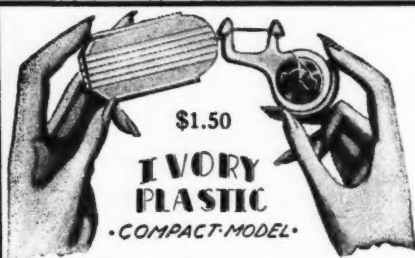


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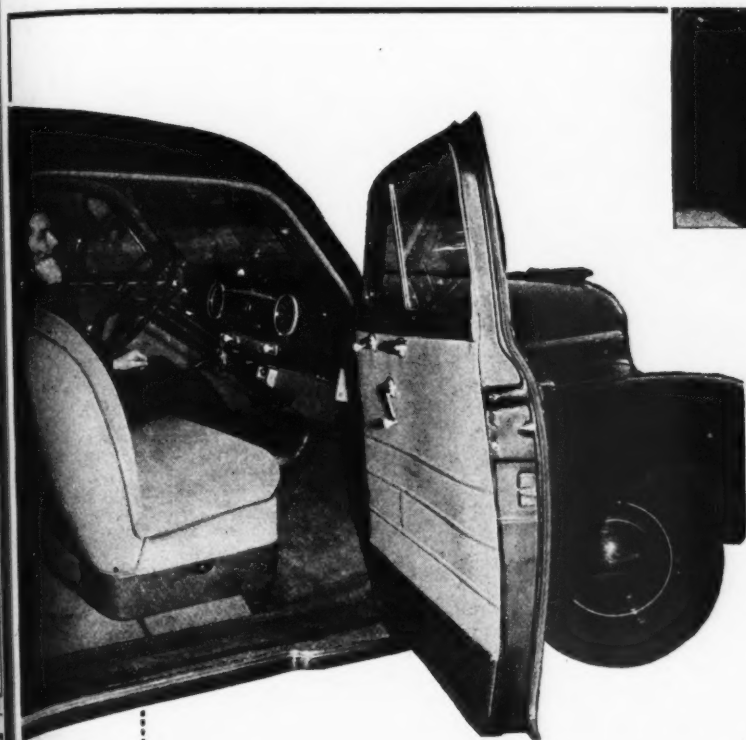
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